

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1998.  
 AMOUNT DUE ON OR BEFORE 8/7/98: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED  
AND  
FILED

96 NOV -8 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**PROFIT CORPORATION ANNUAL REPORT 1996**

FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000080587 (5)**  
 1. Corporation Name  
**INSUA & SON ENTERPRISES, INC.**

**REINSTATEMENT 1996**

Principal Place of Business  
 2421 NW 175 TERRACE  
 OPA LOCKA FL 33056

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. <b>SAME</b>	2a. <b>SAME</b>	10/20/1995	FIRST ONE
22. Suite, Apt. #, etc.	2a. Suite, Apt. #, etc.	4. FEI Number	Applied For
23. City & State	2a. City & State	65-0622521	Not Applicable
24. Zip	2a. Zip	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. Country	2a. Country	<input type="checkbox"/>	\$5.00 May Be Added to Fees
26. Zip	2a. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
27. Country	2a. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**KOPPEN, R D  
 700 NE 90 STREET  
 MIAMI FL 33138**

10. Name and Address of New Registered Agent

81. Name **Julio C. INSUA**  
 82. Street Address (P.O. Box Number is Not Acceptable)  
**1401 WEST 32nd. LANE**  
 83.   
 84. City **Hialeah** FL 85. Zip Code **33018**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Julio C. INSUA** DATE **11-1-96**  
(NOTE: Registered Agent Signature Required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>INSUA, ROBERTO</b>	
STREET ADDRESS	<b>2421 NW 175 TERRACE</b>	
CITY-ST-ZIP	<b>OPA LOCKA FL 33056</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Felix INSUA</b>	
1.3 STREET ADDRESS	<b>2421 N.W. 175 TERR.</b>	
1.4 CITY-ST-ZIP	<b>OPA-LOCKA, FLA. 33018</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

**REINSTATEMENT 1996**

**11-1-96**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **ROBERTO INSUA** DATE **11-1-96** PHONE **(954) 620-9363**  
(SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR)

CP12E034 (3/95)